

*If you are using a printed copy of this procedure, and not the on-screen version, then you **MUST** make sure the dates at the bottom of the printed copy and the on-screen version match.
The on-screen version of the Collider-Accelerator Department Procedure is the Official Version.
Hard copies of all signed, official, C-A Operating Procedures are kept on file in the C-A ESHQ Training Office, Bldg. 911A.*

C-A OPERATIONS PROCEDURES MANUAL

ATTACHMENT

4.120.13.z WXY (PEER 5) Acknowledgment that Additional Testing is Required

| C-A-OPM Procedures in which this Attachment is used. | | |
|--|--|--|
| 4.120.13 | | |
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Hand Processed Changes

| <u>HPC No.</u> | <u>Date</u> | <u>Page Nos.</u> | <u>Initials</u> |
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Approved: _____ Signature on File _____
 Collider-Accelerator Department Chairman Date

V. Castillo

4.120.13.z WXY (PEER 5) Acknowledgement that Additional Testing is required

PASS ANNUAL ACCEPTANCE TEST PROTOCOL

Division A Software Filename and Checksum: Title: _____ Checksum: _____

Division B Software Filename and Checksum: Title: _____ Checksum: _____

Initial testing complete:

Test Team Leader's Name (Print): _____ Life Number: _____

Test Team Leader's Name (Sign): _____ Date: ____/____/____

Acceptance test procedure complete (following repairs and retesting if required):

Test Team Leader's Name (Print): _____ Life Number: _____

Test Team Leader's Name (Sign): _____ Date: ____/____/____

Test results reviewed by:

Safety Section Head's Name (Print): _____ Life Number: _____

Safety Section Head's Name (Sign): _____ Date: ____/____/____

Test results accepted by Radiation Safety Committee:

RSC Member's Name (Print): _____ Life Number: _____

RSC Member's Name (Sign): _____ Date: ____/____/____

1.1 Acknowledgement that Additional Test: C-A-OPM-ATT 4.120.19.2 (1.1) is required

C-A-OPM-ATT 4.120.19.2

1.1 Verify under power that Critical Devices: PSWarc20 and PSWarc8 are disabled with broken keytree.

- ☐ **Check for acceptance of Acknowledgement that Additional Test: C-A-OPM-ATT 4.120.19.2 (1.1) is required**

END OF TEST PROCEDURE

TTL: Sign for completion of initial testing: _____

Date: ____/____/____

TTL: Sign for completion of final testing: _____

Date: ____/____/____